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Date of Call	
Date of Can	

Date of Incident:		Time of Incident:					
Name of Person Initiating Concern:	Phone Number:						
Address:	City:		State:	Zip Code:			
Parental Concern: Yes No Other:							
Name of Provider:		Phone Numbe	r:				
Name of Child Care Program:	License Number:						
Address:		City:		State:	Zip Co	ode:	
Name of Person(s) Involved in Concern: (Caregiver, Childre	en, Providers, etc.)						
NAME OF CHILD(REN)	AGE		NAME OF CHILD(REN) AGE				
Signature:	Date:	Agency:					
Signature of Supervisor:							
COUNTY USE ONLY - INVESTIGATIVE NOTES (Attach Additional Notes if Necessary)	S						
County Licenser Signature:	A	gency:			[1	Date:	

cc: County Licenser (if applicable) Regional Office Central Office

## FOR OFFICIAL USE ONLY

## **PARTI**

SUBMITTED BY AGENCY OTHER TH	HAN COUNTY	SOCIAL SERVICE	S							
Employee:	Reviewed	by:	Agency:			Date:				
Phoned county social services:  Yes No		Date:	Tin	ne:						
Name of county staff person:			County social service ag	County social service agency:						
Submit SFN 1269 to county licenser:		Date:								
PART II SUBMITTED BY COUNTY SOCIAL SI	ERVICES									
Date SFN 1269 was received:			Date SFN 1269 staffed:	Date SFN 1269 staffed:						
Unannounced review required: Yes No  If yes, assigned to:			If no, please explain:	If no, please explain:						
Date of unannounced review: Action taken: Yes No Type of action:			Child Care Resource an Yes No	d Referral notified N/A	of correctiv	re action type::				
Violation Cites:			Signature of County Lice	Signature of County Licenser:						
Regional Office:		Date:	Central Office:			Date:				
Date case closed:										
PART III REGIONAL OFFICE										
Date reviewed:		Central office contacte	d: Yes No	Da	ate:					
Comments:			Comments:	Comments:						
Date reviewed with county:			Signature:	Signature:						
PART IV CENTRAL OFFICE										
Date reviewed:			Agencies/individuals co	Agencies/individuals contacted:						
Comments:										
Substantiated parental concern: Yes No			Signature:							

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Central Office